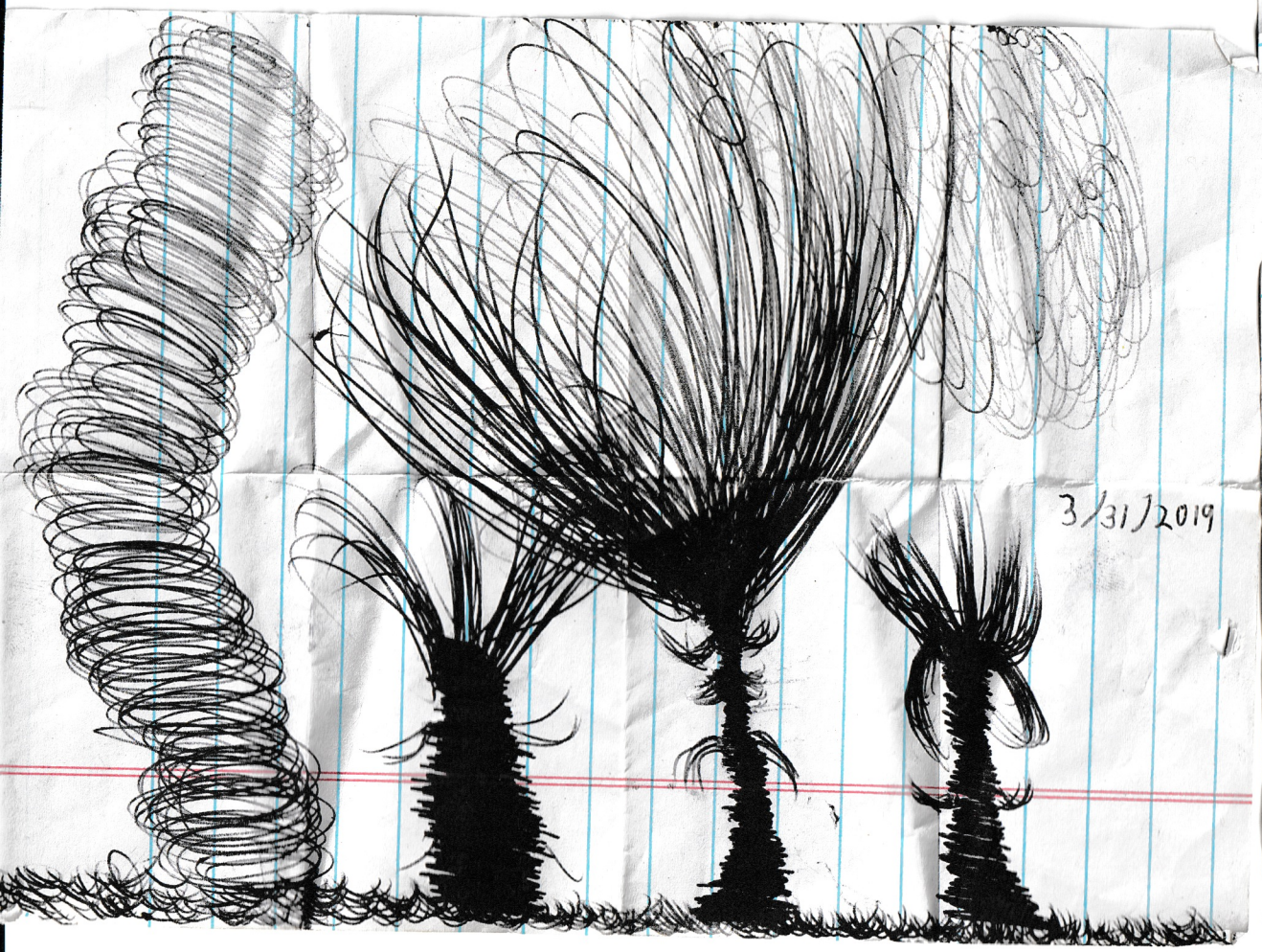
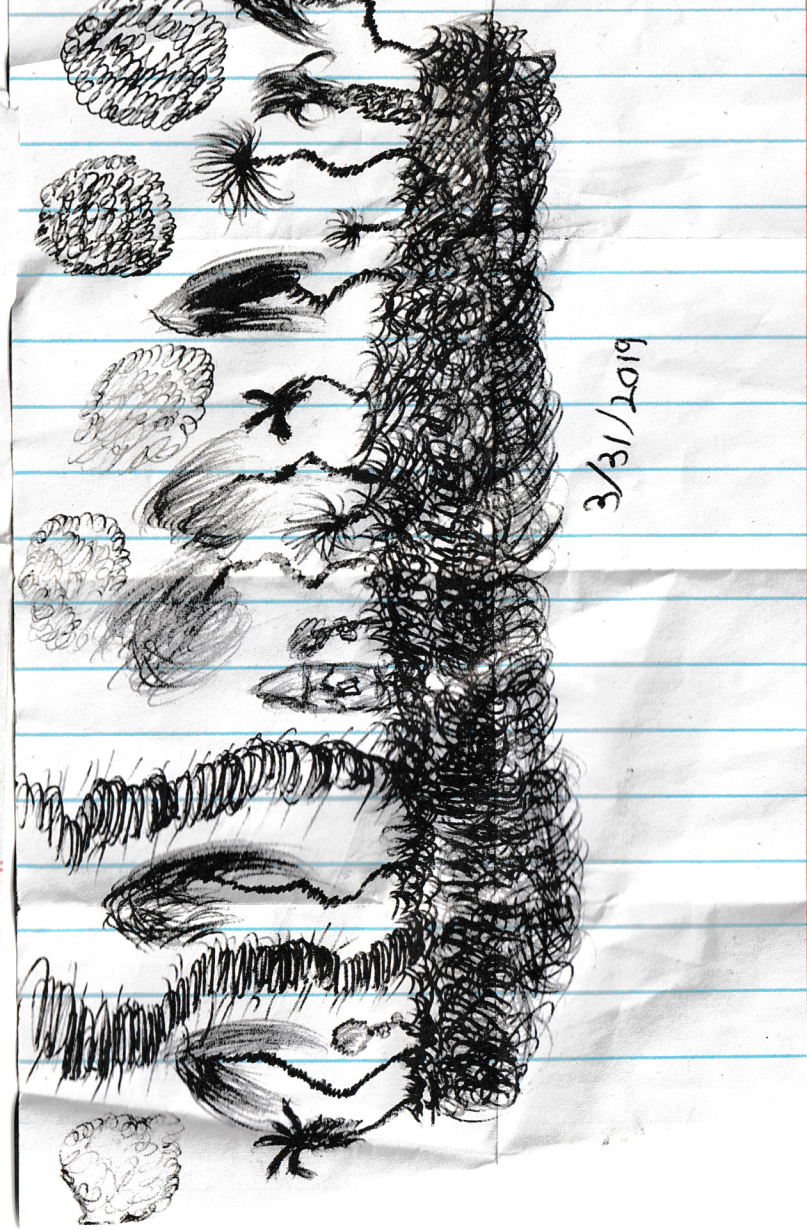




ARMED FORCES DENTAL SERVICES

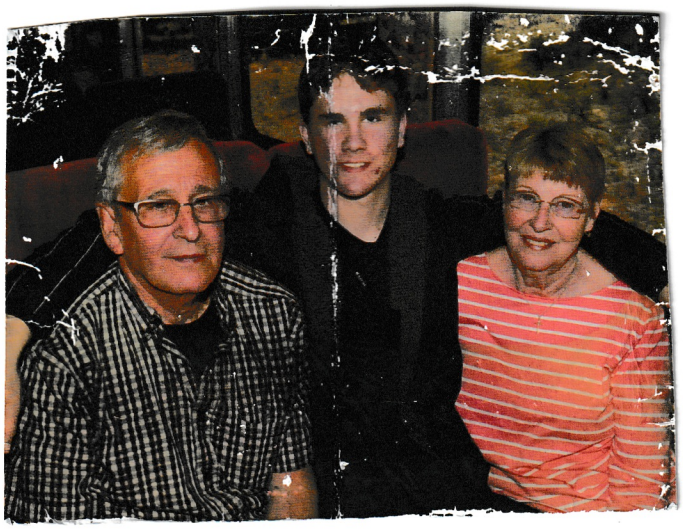
Arrive 10 minutes prior to Appt
Hospital Dental Clinic
Patient: RUEDLINGER ETHAN WAYNE
Has an appt. with LTC AUSTIN TRAVIS
Time: 0900
Date: MONDAY, 11 MAR 2019
Phone: 706-787-5322, 0
LOCATED 1ST FLOOR OF DDEAMC RM 1B-01

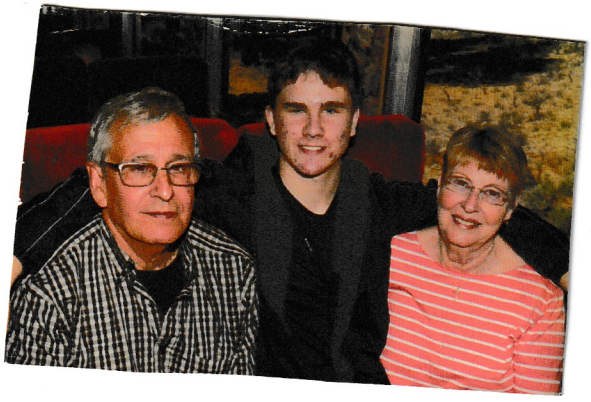
U: Ethan, W, Ruedlinger
A: 123 RUEDlinger!!
My Pay:
ethan.w.ruedlinger
Motorhome!!

WELLS FARGO

Date:	
Time:	01:29 PM
Location:	FL-JACKSON-HA
ATM:	0912R
Customer Card:	xxxxxxx7211
Transaction #:	1704
Amount:	$60.00
Account #:	Checking
Balance:	$0.00
WFB ATM Fee:	$1.00
Total Amt:	$61.00

Thank you for bank





INDIVIDUAL SICK SLIP

1. MEDICAL CONDITION *(Brief Description)* ☐ ILLNESS ☑ INJURY Cuts from Shaving	2. DATE *(YYYYMMDD)* 20190607
3. PATIENT'S NAME *(Last, First, Middle Initial)* Ruzlinger, Ethan, W	6. ORGANIZATION AND STATION DTO 369
4. DoD ID NUMBER 1548416902	5. GRADE / RANK PV2 E-2

UNIT COMMANDER'S SECTION	MEDICAL OFFICER'S SECTION
7. IN LINE OF DUTY	10. IN LINE OF DUTY ☐ No (EPTS) ☐ Yes (EPTS)
8. REMARKS	11. DISPOSITION OF PATIENT ☐ DUTY ☐ QUARTERS ☐ SICK BAY ☐ HOSPITAL ☐ NOT EXAMINED ☐ OTHER (Specify)
	12. REMARKS
9. SIGNATURE OF UNIT COMMANDER	13. SIGNATURE OF MEDICAL OFFICER

DD FORM 689, AUG 2017 PREVIOUS EDITION IS OBSOLETE. Page 1 of 1
AEM LiveCycle Designer

APPOINTMENT TIME _____ ARRIVAL TIME _____

☐ Suniega ☐ Bliven ☐ Wertz ☐ Ramirez ☐ Rebegay ☐ Patterson ☐ Norris

☐ Jenkins ☐ Lawlis ☐ Hanna ☐ Frasca ☐ Wright ☐ Suber ☐ _____

☐ Other: _____

USE THIS FORM FOR PROFILES 30 DAYS OR LESS. FOR PROFILES GREATER THAN 30 DAYS PLEASE USE THE LONG FORM DA FORM 3349.

REMARKS CONT.

Modified aerobic conditioning activities (check all applicable boxes).

Run -	Yes ☐	No ☐	own pace and distance ☐		Ruck -	Yes ☐	No ☐
Walk -	Yes ☐	No ☐	own pace and distance ☐		March -	Yes ☐	No ☐
Bike -	Yes ☐	No ☐	own pace and distance ☐		Kevlar -	Yes ☐	No ☐
Swim -	Yes ☐	No ☐	own pace and distance ☐		LBE -	Yes ☐	No ☐
Push-ups -	Yes ☐	No ☐	own pace ☐		Lift Max -	_____	
Sit-ups -	Yes ☐	No ☐	own pace ☐		Stand Max -	_____	

PROFILE EXPIRES ON _____ (If there are questions regarding this profile, please call 706-787-5161/5128.)

EAMC FM 1073, JUN 2018 ALL PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. Page 2 of 2
EAMC LC vs6.02

CONNELLY HEALTH CLINIC PATIENT INSTRUCTIONS

Proponent for this form is MCHF-FCM-CHC.

Appointments can be scheduled either by calling 787-7300 or by going online to https://www.tricareonline.com/.

_____ Call TODAY to schedule a follow-up appointment in _____ days/weeks with _____.

_____ For Physical Therapy appointments call: 706-787-5173

_____ Go to Medical Records TODAY (in waiting room) to update demographics.

_____ Go to the lab TODAY - Counter 6 for:
_____ urine testing _____ blood draw _____ drop off specimen

_____ Return to lab fasting (nothing by mouth except water for 10-12 hours before blood is drawn). Lab opens at 0700 Monday through Friday.

_____ Go to Pharmacy TODAY - Counter 1 (with ID card) to pick up medications.

_____ Go to the Hospital TODAY for x-rays (2nd floor of the hospital).
_____ Return to Connelly Health Clinic after x-rays are done.
_____ DO NOT return to Connelly Health Clinic after x-rays are done. Call TODAY and schedule an appointment to be seen in _____ days. Call 706-787-7300 to schedule an appointment.

_____ Go to the Brace Shop, Building 323, Central Hospital Court located off Central Hospital Road/8th Avenue. Hours are: Monday through Friday 0830-1200 and 1300-1500 Brace Shop phone: 706-787-2851.

_____ Consult submitted for Physical Therapy, Orthopaedics, Occupational Therapy, Podiatry, Neurosurgery, Neurology, General Surgery, Urology, Gynecology, Gastroenterology, ENT, Cardiology, Chiropractor, Dermatology, Psychology, Psychiatry, Physical Medicine and Rehabilitation (PM&R), Community Health Nurse. IF YOU HAVE NOT RECEIVED NOTIFICATION OF YOUR APPOINTMENT WITHIN 7-20 WORKING DAYS CALL 706-787-6261.

_____ Call Radiology appointment line 706-787-2330 to schedule for _____.

_____ Wellness Center/Patient Education call 706-787-6757 for the following:
_____ Smoking Cessation _____ Wellness Program
_____ Pregnancy-Post/Partum Program

_____ Go to Hearing Booth TODAY.

_____ Go to MedPros.